

## Degree Verification Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_

ID#, DOB, or last four digits of SSN \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

Signature (required): \_\_\_\_\_

*Electronic signatures can be accepted only if form is sent through the Mitchell Hamline email system*

Please select one of the following:

- Send my degree verification letter via postal mail to the address listed above
- Send my degree verification to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return your completed form to the Registrar's Office  
registrar@mitchellhamline.edu  
or Room 120**

Office use only

Date received: \_\_\_\_\_ Date sent: \_\_\_\_\_ Completed by: \_\_\_\_\_